

## **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

1401009.09

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Michael G. Adams **Kentucky Secretary of State** Received and Filed:

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| Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov  |  | ate of Authority<br>Susiness Entity)   |                            | FBE                                |
|--|--|--|----------------------------|------------------------------------|
| Pursuant to the provisions of KRS 14A - and, for that purpose, submits the following   | - 030 the undersigned hereby aping statements: | oplies for authority to transact   | business in Kentucky or    | n behalf of the entity named below |
| 1. The entity is a: profit corpora business trus limited partne non-profit lic   | t limited                                      | ofit corporation dilability company operative association sional service corporation | professional lim           | nited liability company            |
| 2. The name of the entity is Max-Trac  |  |  |                            |                                    |
| 3. The name of the entity to be used in h  | name must be identical to the r                | name on record with the Sec  | retary of State.)          |                                    |
| 5. The hame of the entity to be used in F  | (Or  | ly provide if "real name" is   | unavailable for use; ot    | herwise, leave blank.)             |
| 4. The state or country under whose law  |  | 18   | <del></del>                |                                    |
| 5. The date of organization is 08/29/19  | 963  | and the period of duration   |                            | is considered perpetual.)          |
| 6. The mailing address of the entity's pri   | ncipal office is                               |  | (II leit blatik, durauoi   | i is considered perpetual.)        |
| 200 Innovation Way Street Address  |  | Akron  | OH                         | 44316                              |
| 7. The street address of the entity's regin  | stered office in Kentucky is                   | City   | State                      | Zip Code                           |
| 421 West Main Street Street Address (No P.O. Box Numbers   | 3  | Frankfort City   | KY                         | 40601                              |
| and the name of the registered agent at t  |  | •  | State                      | e Zip Code                         |
| 8. The names and business addresses of see attached Name   | of the entity's representatives (se            | City   | State                      | Zip Code                           |
| Name   | Street or P.O. Box                             | City   | State                      | Zip Code                           |
| Name   | Street or P.O. Box                             | City   | State                      | Zip Code                           |
| 9. If a professional service corporation, a and treasurer are licensed in one or more statement of purposes of the corporation  40. Least to the corporation of the | e states or territories of the Unite .         | d States or District of Columbi  | a to render a profession   | al service described in the        |
| 10. I certify that, as of the date of filing th  | is application, the above-named                | entity validly exists under the  | laws of the jurisdiction o | f its formation.                   |
| 11. If a limited partnership, it elects to be  | a limited liability limited partners           | hip. Check the box if applica  | ble:                       |                                    |
| 12. If a limited liability company, check  | box if manager-managed:                        | ]  |                            |                                    |
| 13. This application will be effective upon  |  | Daniel T. Young, Secreta   | ırv VO                     | -9-2024                            |
| Signature of Authorized Representative   |  | Printed Name & Title   |                            | Date                               |
| , Corporation Service Company  |  | concent to see a settle see  | stored enemt on his bush   | fabra business and the             |
| Type/Print Name of Registered Agent  |  |  |                            |                                    |
| Christina Hammo  | 6  | Hammock on behalf of   | Assistant Secretar         | ry 10/10/2024                      |
| Signature of Registered Agent  | Printed Name                                   | on Service Company   | itle                       | Date                               |

## Max-Trac Tire Co., Inc.

## Officers/Directors

| Name                   | Title                                      | Address                             |
|------------------------|--|-------------------------------------|
| Andrew Juvan           | Director                                   | 200 Innovation Way, Akron, OH 44316 |
| Daniel T. Young        | Secretary                                  | 200 Innovation Way, Akron, OH 44316 |
| Evan M. Scocos         | Vice President and Chief Financial Officer | 200 Innovation Way, Akron, OH 44316 |
| Jennifer L. Strazzella | Assistant Secretary                        | 200 Innovation Way, Akron, OH 44316 |
| John E. Bodart         | President                                  | 200 Innovation Way, Akron, OH 44316 |
| Luke J. Below          | Director                                   | 200 Innovation Way, Akron, OH 44316 |
| Ryan Waldron           | Chairman/Director                          | 200 Innovation Way, Akron, OH 44316 |